On-Site Requirements
Level I

Children's Surgery Verification™
QUALITY IMPROVEMENT PROGRAM

Performance Improvement and Patient Safety (PIPS) Committee

2-13	Provide PIPS Committee meeting minutes for the last 12 months showing the NICU services have demonstrable surgical leadership participating in surgical PIPS activity. Provide PIPS Committee meeting minutes for the last 12 months showing the PICU services have demonstrable surgical leadership participating in surgical PIPS activity.
2-35	Summarize rapid response team activations for surgical patients in the last three months.
6-12	Summarize data over the last 12 months on the time between urgent UGI study diagnosis of a symptomatic malrotation (in other words, midgut volvulus or patient requiring a Ladd procedure) and arrival of the patient in the operating room.
7-3	Provide PIPS Committee minutes reflecting the review of ACS NSQIP Pediatric and Appendix 2 data, as well as improvement activities taken during the reporting year.
7-3 **7-4**	Provide the ACS NSQIP Pediatric Semi-Annual Report (SAR) document.
8-8	Provide documentation of three examples of communication of the PIPS Committee—identified issues and decisions, outcomes, feedback to the broader clinical and administrative staff and personnel.
8-9	Provide the PIPS Committee minutes from for the last 12 months.
8-12	Provide documentation of the review of all deaths within 30 days of an operative procedure over the last three months of the reporting period.
8-13	Provide three examples in the past 12 months where the PIPS process resulted in corrective action in provider or system care.
8-14	Provide documentation of transfers out to a higher level of care, associated review, and documentation of feedback during the reporting year.
8-15	Provide documentation of times from notification to initiation of the operative procedure in all emergent operations (defined as life or limb threatening with start requested ≤ 60 minutes) in the last 12 months of the reporting year.

Required CVs

2-17	Provide the curriculum vitae for the NICU Medical Director.
2-20	Provide the curriculum vitae for the PICU Medical Director.
2-23	Provide the curriculum vitae for the Pediatric Radiology Medical Director. Provide the curriculum vitae for the Pediatric Radiology Liaison to the surgical PIPS program.
6-35	Provide the curriculum vitae for the NAT Program Lead or Director.

Policies and Procedures

2-25	Provide institutional policies with regard to pediatric radiology support staff and availability. Provide institutional policies with regard to bedside presence of the interventional radiologist.
2-37	Provide all relevant transfer agreements and written policies that cover specific pediatric services not immediately available at the center.
2-73	Provide written policies and/or guidelines that relate to infants and children undergoing an ambulatory surgical procedure. These documents should demonstrate that these patients are healthy, full-term infants older than four weeks and less than six months of age and are monitored at least two to four hours after the surgical procedure. The guidelines should also show that these surgeries are scheduled for early in the day. Provide written policies and guidelines regarding prolonged postoperative monitoring provided for infants less than three months who receive perioperative opioids. Provide written policies and guidelines regarding full-term infants less than four weeks of age and preterm infants younger than 50 weeks postmenstrual age who are operated on as ambulatory outpatients.
3-3	Provide written policies that address personnel, mode of transport, and medical control during transport.
6-12	Provide the policy regarding the expected response time for in-house operating room (OR) team and for out-of-hospital call team.

6-35	Provide written policies and procedures that demonstrate the applicant center's care for Nonaccidental Trauma (NAT) patients.

Appendix 3: Alternative Pathways

2-11	If you have any pediatric anesthesiologist(s) who you wish to be considered via the alternative pathway (Appendix 3), please provide documentation of the following: (1) The physician's clinical practice must have been devoted primarily to pediatric anesthesiology for the last two years, or at least 30 percent of the clinical practice averaged over the last five years must have been devoted to pediatric anesthesiology. The physician's practice must include neonates and children two years or younger and procedures considered high risk. A list of patients younger than two years and their procedures treated during the reporting year must be provided. (2) The volume and quality of pediatric anesthesia care that is provided by the non–board-certified anesthesiologist must be determined to be adequate during the site review process. The anesthesiologist's care will be evaluated by an on-site reviewer, with oversight by other anesthesiologists who are members of the Children's Surgery Verification Committee and the Verification Committee as a whole. Documentation of internal review by PIPS or other processes will be the basis for this review and must be available for on-site review.
2-23	If you have pediatric radiologist(s) who you wish to be considered via the alternative pathway (Appendix 3), please provide documentation of the following: (1) The physician's clinical practice must have been devoted primarily to pediatric radiology for the last two years, or at least 30 percent of the clinical practice averaged over the last five years must have been devoted to pediatric radiology. The physician's practice must include neonates and children five years or younger. A list of patients five years or younger and their diagnosis treated during the reporting year must be provided. In addition, a list of all patients with intussusception and malrotation treated during the reporting year must be provided. (2) The volume and quality of pediatric radiology care that is provided by the non–board-certified radiologist must be determined to be adequate during the site review process. The radiologist's care will be evaluated by an on-site reviewer, with oversight by the Children's Surgery Verification Committee. Documentation of internal review by PIPS or other processes will be the basis for this review and must be available for on-site review.
2-26	If you have any pediatric emergency medicine providers who you wish to be considered via alternative pathway (Appendix 3), please provide documentation of the following: (1) The physician's clinical practice must have been devoted primarily to pediatric emergency medicine for the last two years, or at least 30 percent of the clinical practice averaged over the last five years must have been devoted to pediatric emergency medicine. The physician's practice must include neonates and children five years or younger. A list of patients five years or younger and their diagnosis treated during the reporting year must be provided. (2) The volume and quality of pediatric emergency medicine care that is provided by the non–board-certified emergency medicine provider must be determined to be adequate during the site review process. The emergency medicine provider's care will be evaluated by an on-site reviewer, with oversight by the Children's Surgery Verification Committee. Documentation of internal review by PIPS or other processes will be the basis for this review and must be available for on-site review.

Additional Information

4-5	Provide the log of operative cases and call obligations for the Medical Director of Childrens Surgery for the reporting year.
4-16 **4-18**	Provide relevant minutes from the current reporting year for the Children's Operating Room Committee (or functional equivalent).
5-1	If not provided in the Medical Specialists Table, provide institutional privileges or credentials for each individual surgeon.
6-14	Provide documentation for call team availability of PACU nurses with experience and training specific to children.
7-7	Provide the Surgical Clinical Reviewer job description.

Ambulatory—If your application and site visit include a separate ambulatory surgical center, include the following:

2-68	If applicable, provide a job description and curriculum vitae for the Medical Director of the Ambulatory Surgery Center.
2-74	If applicable, provide written policies and formal transfer agreements allowing planned processes and prompt transfer to an appropriate (Level I, II, or III) inpatient children's facility when medically necessary.
7-2	If applicable, provide a report of the reporting year demonstrating that the center collects and reports the outcomes detailed in the Children's Surgery Safety Report (Appendix 2).